Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Delano First name A. Middle name Elliott Last name and Suffix (Sr., Jr., II, III)	Michelle First name A. Middle name Elliott Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9858	xxx-xx-2292

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s)	■ I have not used any business name or EINs. Business name(s) EIN
5.	Where you live		If Debtor 2 lives at a different address:
		127 Mechanic St. Lockbourne, OH 43137 Number, Street, City, State & ZIP Code Franklin County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)

	otor 1 otor 2	Delano A. Elliott Michelle A. Elliott					Case n	umber (if known)	
Par	t 2:	Tell the Court About	four Bank	ruptcy Ca	se				
7.	Bank	chapter of the cruptcy Code you are			rief description of each, se go to the top of page 1 and			C. § 342(b) for Individ	uals Filing for Bankruptcy
	choo	sing to file under	■ Chapt	ter 7					
			☐ Chapt	ter 11					
			☐ Chapt	ter 12					
			☐ Chapt	ter 13					
8.	How	you will pay the fee	abo ord a p ■ I ne	out how you ler. If your re-printed red to pay	u may pay. Typically, if you attorney is submitting your address.	are paying payment on f	the fee yourself, y your behalf, your	ou may pay with cash attorney may pay wit	or local court for more details the cashier's check, or money the a credit card or check with the ation for Individuals to Pay
			☐ I re but app	equest that is not required plies to you	t my fee be waived (You ruired to, waive your fee, an	may request ad may do so unable to pay	o only if your incon the fee in installn	ne is less than 150% onents). If you choose	pter 7. By law, a judge may, of the official poverty line that this option, you must fill out a your petition.
9.	bank	you filed for ruptcy within the 3 years?	□ No. ■ Yes.						
				District	Ohio Southern District, Eastern Division	When	8/06/15	Case number	15-55125
				District	Ohio Southern District, Eastern Division	When	10/16/14	Case number	14-57291
				District	See Attachment	When		Case number	
10.	cases filed not fi you,	any bankruptcy s pending or being by a spouse who is iling this case with or by a business ner, or by an ate?	■ No □ Yes.						
				Debtor				Relationship to	you
				District		When			
				Debtor District		When		Relationship to y Case number, if	
				DISTRICT		when		Case number, ii	
11.		ou rent your	■ No.	Go to li	ne 12.				
	resid	ence?	☐ Yes.	Has yo	ur landlord obtained an evi	ction judgm	ent against you?		
				П	No. Go to line 12.				

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

	tor 1 Delano A. Elliott tor 2 Michelle A. Elliott	i .			Case number (if known)
Part	t 3: Report About Any Bu	usinesses	You Owr	n as a Sole Propriet	or
12.	Are you a sole proprietor of any full- or part-time business?			Part 4.	
	busiless:	☐ Yes.	Name	e and location of bus	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	per, Street, City, Stat	e & ZIP Code
	it to this petition.		Chec	k the appropriate bo	x to describe your business:
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broke	r (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	proceed you are	under Suchoosing to v stateme)(B).	bchapter V so that it to proceed under Sul nt, and federal incon	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or bchapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.
	For a definition of small	■ No.	I am ı	not filing under Chap	ter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.			11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
Part	Report if You Own o	r Have Any	/ Hazardo	ous Property or Any	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety?	☐ Yes.	What is	the hazard?	
	Or do you own any property that needs immediate attention?			diate attention is , why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	Number, Street, City, State & Zip Code
					,

Debtor 1 Delano A. Elliott
Debtor 2 Michelle A. Elliott

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	otor 1 Delano A. Elliott htor 2 Michelle A. Elliott				Case number	(if known)
Par	t 6: Answer These Quest	ions for R	eporting Purposes			
16.	What kind of debts do you have?	16a.	Are your debts primarily co			ed in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.			
			Yes. Go to line 17.			
		16b.	Are your debts primarily be money for a business or inve			
			☐ No. Go to line 16c.	ŭ	•	
			☐ Yes. Go to line 17.			
		16c.	State the type of debts you o	owe that are not consur	mer debts or business	debts
17.	Are you filing under	□ No.	I am not filing under Chapter	r 7. Go to line 18.		
	Chapter 7?					
	Do you estimate that after any exempt property is excluded and	Yes.	I am filing under Chapter 7. I are paid that funds will be av			rty is excluded and administrative expenses
	administrative expenses		□ No			
	are paid that funds will be available for distribution to unsecured creditors?		Yes			
18.	How many Creditors do	1 -49		1 ,000-5,000		☐ 25,001-50,000
	you estimate that you owe?	☐ 50-99)	<u> </u>		<u> </u>
		☐ 100-1 ☐ 200-9		☐ 10,001-25,0	00	☐ More than100,000
19.	How much do you estimate your assets to	□ \$0 - \$		☐ \$1,000,001		\$500,000,001 - \$1 billion
	be worth?		001 - \$100,000 ,001 - \$500,000	□ \$10,000,001 □ \$50,000,001		☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
			,001 - \$1 million		01 - \$500 million	☐ More than \$50 billion
20.	How much do you estimate your liabilities	□ \$0 - \$	\$50,000 001 - \$100,000	□ \$1,000,001 □ \$10,000,001		☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion
	to be?	_	,001 - \$100,000	□ \$50,000,001		□ \$10,000,000,001 - \$10 billion
			,001 - \$1 million	□ \$100,000,00	01 - \$500 million	☐ More than \$50 billion
Par	7: Sign Below					
For	you	I have ex	kamined this petition, and I dec	clare under penalty of p	perjury that the inform	ation provided is true and correct.
						under Chapter 7, 11,12, or 13 of title 11, pose to proceed under Chapter 7.
			orney represents me and I did int, I have obtained and read th			an attorney to help me fill out this
		I request	t relief in accordance with the	chapter of title 11, Unite	ed States Code, spec	ified in this petition.
			tcy case can result in fines up			property by fraud in connection with a pars, or both. 18 U.S.C. §§ 152, 1341, 1519,
		_	ano A. Elliott		/s/ Michelle A. El	
			A. Elliott e of Debtor 1		Michelle A. Elliot Signature of Debtor	
		Executed				ober 28, 2021
			MM / DD / YYYY		MM /	DD / YYYY

Debtor 1	Delano A. Elliott	
Debtor 2	Michelle A. Elliott	Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Lucas M. Ruffing	Date	October 28, 2021
Signature of Attorney for Debtor		MM / DD / YYYY
Lucas M. Ruffing		
Printed name		
Lucas Ruffing Law		
Firm name		
82 N. Franklin St.		
Delaware, OH 43015		
Number, Street, City, State & ZIP Code		
Contact phone 740-815-1114	Email address	LucasRuffingLaw@gmail.com
0090609 OH		
Bar number & State		

Debtor 1	Delano A. Elliott
Debtor 2	Michelle A. Elliott

Case number (if known)

Fill in this infor	mation to identify your	case:		
Debtor 1	Delano A. Elliott			
	First Name	Middle Name	Last Name	
Debtor 2	Michelle A. Elliott	:		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number _				
(II KIIOWII)				

Check if this is an amended filing

FORM 101. VOLUNTARY PETITION

Prior Bankruptcy Cases Filed Attachment

District	Case Number	Date Filed
Ohio Southern District, Eastern Division	15-55125	8/06/15
Ohio Southern District, Eastern Division	14-57291	10/16/14
Ohio Southern District, Eastern Division	13-59230	11/21/13

Filli	in this informa	ntion to identify your o	case:				
Deb	tor 1	Delano A. Elliott					
Dob	tor 2	First Name	Middle Name	Last Name			
1	ioi Z use if, filing)	Michelle A. Elliott First Name	Middle Name	Last Name			
Unite	ed States Bank	ruptcy Court for the:	SOUTHERN DISTRIC	CT OF OHIO			
0							
(if kno	e number					☐ Check	t if this is an
						amen	ded filing
Off	icial For	m 106Sum					
Sur	mmary of	Your Assets a	and Liabilities a	and Certain Statistical Ir	nformation		12/15
infor	mation. Fill ou original forms	it all of your schedule	es first; then complete	ele are filing together, both are equa the information on this form. If you tock the box at the top of this page.			
rare	ou line					Your a	ssets of what you own
1.	Schedule A/E 1a. Copy line	B: Property (Official Fo	orm 106A/B) om Schedule A/B			\$	83,200.00
	1b. Copy line	62, Total personal prop	perty, from Schedule A/E	3		\$	20,219.77
	1c. Copy line	63, Total of all property	on Schedule A/B			\$	103,419.77
Part	2: Summar	ize Your Liabilities					
· air							abilities
						Amoun	t you owe
2.			aims Secured by Proper nn A, Amount of claim, a	rty (Official Form 106D) at the bottom of the last page of Part 1	of Schedule D	\$	144,263.00
3.			Unsecured Claims (Offic 1 (priority unsecured cla	ial Form 106E/F) ims) from line 6e of <i>Schedule E/F</i>		\$	0.00
	3b. Copy the	total claims from Part 2	2 (nonpriority unsecured	claims) from line 6j of Schedule E/F		\$	21,829.00
				You	ur total liabilities	\$	166,092.00
Part	3: Summar	ize Your Income and	Fxnenses				
4.		our Income (Official Form mbined monthly income		ıle I		\$	3,332.53
5.		our Expenses (Official on the complex of the comple	,			\$	3,453.00
Part	4: Answer	These Questions for	Administrative and Sta	atistical Records			
6.	Are you filing	ı for bankruptcy unde	er Chapters 7, 11, or 13	97			
	-		•	Check this box and submit this form to	o the court with yo	ur other sch	nedules.
7.	YesWhat kind of	debt do you have?					
-		·					
				r debts are those "incurred by an indiv -9g for statistical purposes. 28 U.S.C.		a personal,	family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

the court with your other schedules.

Debtor 1	Delano A. Elliott
Debtor 2	Michelle A. Elliott

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,036.28

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Franklin County			□ □ Other	Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this iter erty identification number:	(see in:	structions)	munity property
				Debtor 1 and Debtor 2 only			munity property
			_		_		
Franklin				Dediot / ONIV			
				Debtor 1 only Debtor 2 only			
			_	has an interest in the property? Check one	a lite estat	e), if known.	
				Other	Describe the nature of your ownership intere (such as fee simple, tenancy by the entireties		
Oity	State	Zii Oude		Timeshare			
Lockbour	rne OH	43137-0000 ZIP Code		Land Investment property	entire prop		portion you own? \$83,200.0
				Manufactured or mobile home	Current va	lue of the	Current value of the
				Condominium or cooperative			
Street address,	if available, or other desc	ription		Duplex or multi-unit building	the amount of any secured claims on School Creditors Who Have Claims Secured by F		
127 Mech				Single-family home		educt secured claims or exemptions. Put	
I.1			What	is the property? Check all that apply			
_	is the property?						
□ No. Go to Par	, , , ,		•	. •			
Do you own or I	have any legal or equ	uitable interest in a	ny resid	ence, building, land, or similar property?			
art 1: Describe	Each Residence, Bu	ilding, Land, or Ot	her Real	Estate You Own or Have an Interest In			
	re space is needed, a			nis form. On the top of any additional pages			
				only once. If an asset fits in more than one married people are filing together, both are			
Schedul	e A/B: Pr	operty					12/15
Official Fo	rm 106A/B						
						-	3
Case number _							☐ Check if this is a amended filing
Jnited States Ba	ankruptcy Court for t	the: SOUTHER	N DISTI	RICT OF OHIO			
Spouse, if filing)	First Name	Middle	Name	Last Name			
Debtor 2	Michelle A. E		Name	Last Name			
	Delano A. Ell First Name		Nome	Lost Nome			
Debtor 1							

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Debto Debto		Delano A. Elliott Michelle A. Elliott		Case number (if known)	
3. C ai	No	, trucks, tractors, sport utility ve	hicles, motorcycles		
3.1	Make: Model:	Acura MDX	Who has an interest in the property? Check one ☐ Debtor 1 only	the amount of any se	ed claims or exemptions. Put cured claims on Schedule D: Claims Secured by Property.
	Other in	2004 mate mileage: 160K formation: per KBB	■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Current value of the entire property?	portion you own?
			☐ Check if this is community property (see instructions)	\$3,017.0	\$3,017.00
3.2	Make: Model: Year: Approxi	Chevy Tahoe 2001 mate mileage: 300K	Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	the amount of any se	ed claims or exemptions. Put curred claims on Schedule D: Claims Secured by Property. Current value of the portion you own?
		formation: per Debtor	☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	\$800.0	\$800.00
3.3		Chevy Silverado 2003 mate mileage: 300K formation:	Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	the amount of any se	ed claims or exemptions. Put curred claims on Schedule D: Claims Secured by Property. Current value of the portion you own?
	Value	per Debtor	☐ Check if this is community property (see instructions)	\$3,000.0	\$3,000.00
3.4		Harley Davidson FLHT (Electra-Glide) 1997 mate mileage: 50K formation:	Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	the amount of any se	ed claims or exemptions. Put curred claims on Schedule D: Claims Secured by Property. Current value of the portion you own?
	-Value -clutch	per Debtor n is currently broken e does not currently run	☐ Check if this is community property (see instructions)	\$2,500.0	\$2,500.00
	mples: E	•	d other recreational vehicles, other vehicles tercraft, fishing vessels, snowmobiles, motorcyc	•	
			n for all of your entries from Part 2, including		\$9,317.00
Part 3	Descri	ibe Your Personal and Household Ite	ems		
Do yo	ou own (or have any legal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.

Debtor 1 Debtor 2			Case number	(if known)
<i>Exan</i> □ No) , , , , ,	d furnishings iances, furniture, linens, china, kitchenware		
■ Ye	es. Describe			
		Household Goods and furnishings		\$5,500.00
□ No	nples: Televisions including o	s and radios; audio, video, stereo, and digital equi sell phones, cameras, media players, games	pment; computers, printers, scanners	s; music collections; electronic devices
		Household electronics		\$1,800.00
Exan	other colle	nd figurines; paintings, prints, or other artwork; boctions, memorabilia, collectibles	ooks, pictures, or other art objects; sta	amp, coin, or baseball card collections;
Exam	musical in	otographic, exercise, and other hobby equipment;	bicycles, pool tables, golf clubs, skis	s; canoes and kayaks; carpentry tools;
	<i>amples:</i> Pistols, rit	iles, shotguns, ammunition, and related equipmer	nt	
		Firearms (pistols x 2)		\$500.00
	amples: Everyday	clothes, furs, leather coats, designer wear, shoes	s, accessories	
		Clothes/wearing apparel		\$600.00
□ No	amples: Everyday	jewelry, costume jewelry, engagement rings, wed	dding rings, heirloom jewelry, watche	s, gems, gold, silver
		Jewelry		\$2,000.00
Exa □ No	n-farm animals amples: Dogs, cat o es. Describe	s, birds, horses		
		Pets		\$0.00
				<u> </u>

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

	ebtor 1 ebtor 2	Delano A. Michelle A				Case number (if know	n)
	☐ Yes.	Give specific	information				
15						ncluding any entries for pages you have attached	\$10,400.00
Pa	art 4: De	escribe Your Fir	nancial Asset	ts			
D	o you ov	wn or have an	ny legal or e	equitable interes	t in any o	the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16	■ No		·	our wallet, in you		a safe deposit box, and on hand when you file your pe	tition
17.						certificates of deposit; shares in credit unions, brokerag ne same institution, list each.	e houses, and other similar
	_					Institution name:	
			17.1.	Checking	-	Chase	\$500.00
			17.2.	Other financ account	ial	CashApp	\$2.77
18.	Exam _l ■ No			cly traded stocks ent accounts with Institution or issu	brokerage	e firms, money market accounts	
19.		ublicly traded	l stock and	interests in inco	orporated	and unincorporated businesses, including an inter	est in an LLC, partnership, and
	■ No						
	☐ Yes.	Give specific		about them me of entity:		% of ownership:	
20.	Negot Non-n	tiable instrume	nts include p	personal checks,	cashiers'	and non-negotiable instruments checks, promissory notes, and money orders. o someone by signing or delivering them.	
	■ No □ Yes.	Give specific		about them uer name:			
21.	_Exam	ment or pens ples: Interests			k), 403(b),	thrift savings accounts, or other pension or profit-sharir	ng plans
	■ No □ Yes.	List each acco		tely. of account:		Institution name:	
22.	Your s		used deposi	ts you have made		ou may continue service or use from a company utilities (electric, gas, water), telecommunications comp	panies, or others
	_					Institution name or individual:	
23.	_	ties (A contrac	ct for a perio	dic payment of m	oney to yo	ou, either for life or for a number of years)	
	■ No □ Yes.		Issuer nam	ne and description	า.		

Debto Debto		Delano A. Michelle <i>I</i>			c	ase number (if known)	
26	U.S.C.		ation IRA, in an ac I), 529A(b), and 529	count in a qualified ABLE pro	gram, or under a qual	ified state tuition prograr	n.
	No Yes		Institution name ar	nd description. Separately file th	e records of any interes	sts.11 U.S.C. § 521(c):	
25. T r	usts, e	quitable or	future interests in	property (other than anything	g listed in line 1), and	rights or powers exercisa	able for your benefit
		ive specific	information about t	hem			
26. P a	itents,	copyrights	, trademarks, trade	e secrets, and other intellectu sites, proceeds from royalties a		ds	
		ive specific	information about t	hem			
		·	s, and other gener				
<i>E</i>	<i>xample</i> No	s: Building	permits, exclusive li	censes, cooperative association	holdings, liquor license	es, professional licenses	
			information about t	hem			
Mone	y or pr	operty owe	ed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	No	nds owed to	•	nem, including whether you alrea	ady filed the returns and	d the tax years	
		·			•	·	
				2021 Tax Refund		Federal	\$0.00
						1	
				2021 Tax Refund		State	\$0.00
E	No	s: Past due	or lump sum alimor	ny, spousal support, child suppo	rt, maintenance, divord	e settlement, property settl	ement
	xample	s: Unpaid w	neone owes you yages, disability insu unpaid loans you m	urance payments, disability bene nade to someone else	efits, sick pay, vacation	pay, workers' compensation	on, Social Security
	Yes. G	ive specific	information				
	xample		ce policies isability, or life insul	rance; health savings account (H	HSA); credit, homeown	er's, or renter's insurance	
	Yes. Na	ame the ins	urance company of Company i	each policy and list its value. name:	Beneficiary	y:	Surrender or refund value:
			-	erm life insurance with cur	rent		
			employei No cash Beneficia	surrender value.			\$0.00

Delano A. Elliott

Debtor 1 Debtor 2	Delano A. Elliott Michelle A. Elliott	Case number (if known)	
If you a some of	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance has died.	ance policy, or are currently entitled to reco	eive property because
☐ Yes.	Give specific information		
	against third parties, whether or not you have filed a lawsuit or oles: Accidents, employment disputes, insurance claims, or rights to		
☐ Yes.	Describe each claim		
■ No	contingent and unliquidated claims of every nature, including co	ounterclaims of the debtor and rights to	set off claims
☐ Yes.	Describe each claim		
■ No	Give specific information		
for Pa	the dollar value of all of your entries from Part 4, including any eart 4. Write that number herestrain for the strain strain for the strain strain for the strain f		\$502.77
37. Do you (own or have any legal or equitable interest in any business-related prope	rty?	
	o to Part 6.		
☐ Yes. 0	Go to line 38.		
	scribe Any Farm- and Commercial Fishing-Related Property You Own or ou own or have an interest in farmland, list it in Part 1.	Have an Interest In.	
`	own or have any legal or equitable interest in any farm- or com Go to Part 7.	mercial fishing-related property?	
☐ Yes	. Go to line 47.		
Part 7:	Describe All Property You Own or Have an Interest in That You Did No	t List Above	
	have other property of any kind you did not already list? bles: Season tickets, country club membership		
	Give specific information		
54. Add t	the dollar value of all of your entries from Part 7. Write that num	per here	\$0.00

Debtor 1 Delano A. Elliott
Debtor 2 Michelle A. Elliott

Case number (if known)

55.	Part 1: Total real estate, line 2				\$83,200.00
56.	Part 2: Total vehicles, line 5		\$9,317.00	_	· · ·
57.	Part 3: Total personal and household items, line 15		\$10,400.00		
58.	Part 4: Total financial assets, line 36		\$502.77		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61	_	\$20,219.77	Copy personal property total	\$20,219.77
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$103,419.77

Fill in this infor	mation to identify your	case:		
Debtor 1	Delano A. Elliott			
	First Name	Middle Name	Last Name	
Debtor 2	Michelle A. Elliott	:		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
127 Mechanic St. Lockbourne, OH 43137 Franklin County	\$83,200.00		\$136,925.00	Ohio Rev. Code Ann. § 2329.66(A)(1)
Value per Auditor. Debtor estimates closer to \$140,000 Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	2020.00(//)(/)
2004 Acura MDX 160K miles Value per KBB	\$3,017.00		\$4,000.00	Ohio Rev. Code Ann. § 2329.66(A)(2)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)(2)
2001 Chevy Tahoe 300K miles Value per Debtor	\$800.00		\$800.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	2020:00(1)(10)
2003 Chevy Silverado 300K miles Value per Debtor	\$3,000.00		\$4,000.00	Ohio Rev. Code Ann. § 2329.66(A)(2)
Line from Schedule A/B: 3.3			100% of fair market value, up to any applicable statutory limit	2020.00(1.1)(2)

Debtor 1 Delano A. Elliott
Michelle A. Elliott

Case number (if known)

otor 2 Michelle A. Elliott			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
1997 Harley Davidson FLHT (Electra-Glide) 50K miles	\$2,500.00		\$1,325.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
-Value per Debtor -clutch is currently broken -engine does not currently run Line from Schedule A/B: 3.4			100% of fair market value, up to any applicable statutory limit	
Household Goods and furnishings Line from Schedule A/B: 6.1	\$5,500.00		\$5,500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Zino nom osmodalo 702. GT			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)(1)(2)
Household electronics Line from Schedule A/B: 7.1	\$1,800.00		\$1,800.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Zino nomi Gomedale 702. TT			100% of fair market value, up to any applicable statutory limit	
Firearms (pistols x 2) Line from Schedule A/B: 10.1	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Ellio II oli i oli oli oli oli oli oli oli oli o			100% of fair market value, up to any applicable statutory limit	2020:00(1:)(-)(u)
Clothes/wearing apparel Line from Schedule A/B: 11.1	\$600.00		\$600.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
			100% of fair market value, up to any applicable statutory limit	
Jewelry Line from Schedule A/B: 12.1	\$2,000.00		\$2,000.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
			100% of fair market value, up to any applicable statutory limit	
Checking: Chase Line from Schedule A/B: 17.1	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
			100% of fair market value, up to any applicable statutory limit	
Other financial account: CashApp Line from Schedule A/B: 17.2	\$2.77		\$2.77	Ohio Rev. Code Ann. § 2329.66(A)(3)
			100% of fair market value, up to any applicable statutory limit	
Federal: 2021 Tax Refund Line from Schedule A/B: 28.1	\$0.00		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(9)(f)
			100% of fair market value, up to any applicable statutory limit	
Federal: 2021 Tax Refund Line from Schedule A/B: 28.1	\$0.00		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
			100% of fair market value, up to any applicable statutory limit	- /. /
Federal: 2021 Tax Refund Line from Schedule A/B: 28.1	\$0.00		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
Emo nom conocado / VD. Eo. 1			100% of fair market value, up to any applicable statutory limit	

Delano A. Elliott Debtor 1 Michelle A. Elliott Case number (if known) Debtor 2 Current value of the Brief description of the property and line on Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Group Term life insurance with** Ohio Rev. Code Ann. §§ 100% \$0.00 current employer. 2329.66(A)(6)(c), 3917.05 No cash surrender value. 100% of fair market value, up to any applicable statutory limit **Beneficiary: Child** Line from Schedule A/B: 31.1 **Group Term life insurance with** Ohio Rev. Code Ann. §§ \$0.00 100% current employer. 2329.66(A)(6)(b), 3911.10, No cash surrender value. 3911.12, 3911.14 100% of fair market value, up to **Beneficiary: Child** any applicable statutory limit Line from Schedule A/B: 31.1

3.	•	claiming a homestead exemption of more than \$170,350? to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)
	Yes.	Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
		No
		Yes

Fill in this inform	nation to identify you	ır case:				
Debtor 1	Delano A. Elliot	t				
	First Name	Middle Name	Last Name			
Debtor 2	Michelle A. Ellio	ott				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	inkruptcy Court for the:	SOUTHERN DISTRICT OF O	HIO			
Case number					_	if this is an ded filing
-						3
Official Forn	<u>n 106D</u>					
Schedule	D: Creditors	Who Have Claims	Secured	by Property	•	12/15
	e Additional Page, fill it o	If two married people are filing toget out, number the entries, and attach i				
1. Do any creditors	have claims secured by	y your property?				
☐ No. Checl	k this box and submit th	his form to the court with your other	er schedules. Yo	ou have nothing else to	report on this form.	
Yes. Fill ir	n all of the information I	below.				
Part 1: List A	II Secured Claims					
2. List all secured	claims. If a creditor has r	more than one secured claim, list the cr	reditor separately	Column A	Column B	Column C
		a particular claim, list the other creditor cal order according to the creditor's nar		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Househol	ld Realty Corp	Describe the property that secures	the claim:	\$144,263.00	\$83,200.00	\$61,063.00
961 Weog	gel Dr	127 Mechanic St. Lockbour 43137 Franklin County Value per Auditor. Debtor estimates closer to As of the date you file, the claim is apply. ☐ Contingent	\$140,000			
	t, City, State & Zip Code	Unliquidated				
	,	☐ Disputed				
Who owes the de	ebt? Check one.	Nature of lien. Check all that apply.	•			
☐ Debtor 1 only☐ Debtor 2 only		☐ An agreement you made (such as car loan)	s mortgage or sec	ured		
■ Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, m	echanic's lien)			
☐ At least one of t	the debtors and another	☐ Judgment lien from a lawsuit				
Check if this community de		Other (including a right to offset)	Mortgage			
Date debt was inc	urred 2008	Last 4 digits of account num	mber <u>6650</u>			
Add the dollar v	alue of vour entries in C	olumn A on this page. Write that nur	mber here:	\$144,263	.00	
	page of your form, add	the dollar value totals from all pages		\$144,263		
Part 2: List Ot	hers to Be Notified fo	r a Debt That You Already Liste	Ч			
Use this page only trying to collect fr than one creditor	y if you have others to b	e notified about your bankruptcy for we to someone else, list the creditor you listed in Part 1, list the addition	a debt that you r in Part 1, and th	nen list the collection age	ncy here. Similarly, if	you have more
	mber, Street, City, State &	a Zip Code	On whic	ch line in Part 1 did you ent	er the creditor? 2.1	
Carrie D	Davis ED BANK RD		last 4 d	ligits of account number	7147	

Official Form 106D

Cincinnati, OH 45227

Deptor	🔟 Delano A. El	liott		Case number (if known)		
	First Name	Middle Name	Last Name			
Debtor	Michelle A. I	Elliott				
	First Name	Middle Name	Last Name	_		
[]	Name, Number, Stre	eet, City, State & Zip Code		On which line in Part 1 did you enter the creditor? 2.1		
	SPS	,,,		On which line in Part 1 did you enter the creditor?		
		OOD PARK BLVD L 32256		Last 4 digits of account number 6650		
[]	Name, Number, Stre	eet, City, State & Zip Code		On which line in Part 1 did you enter the creditor? 2.1		
	US Bank NA 3217 S DECKE Salt Lake City,	R LAKE DRIVE UT 84119		Last 4 digits of account number		

Fill in	this informa	ation to identify your o	case:					
Debtor	· 1	Delano A. Elliott	Middle Na	ame	Last Name			
Debtor		Michelle A. Elliott			Last Nama			
(Spouse	if, filing)	First Name	Middle Na	me	Last Name			
United	States Banl	kruptcy Court for the:	SOUTHERN	I DISTRICT OF	OHIO			
Case n				-			_	Check if this is an amended filing
Offici	al Form	106E/E						
		F: Creditors W	ho Have	Unsacura	ad Claims			12/15
					ORITY claims and Part 2 for o	reditors with NONPRI	ORITY cla	
Schedul Schedul left. Atta name ar	le G: Executor le D: Creditor nch the Conti nd case numb	ory Contracts and Unexp rs Who Have Claims Sect nuation Page to this pag ber (if known).	ired Leases (Of ured by Propert e. If you have n	ficial Form 1060 by. If more space to information to	so list executory contracts of all the contracts of the contracts of the contract of the contr	ors with partially secu ou need, fill it out, num	red claims ber the en	s that are listed in atries in the boxes on the
Part 1:		of Your PRIORITY Un						
_	•	s have priority unsecured	d claims agains	t you?				
	No. Go to Pa	rt 2.						
	Yes.							
Part 2:	List All	of Your NONPRIORIT	Y Unsecured	Claims				
3. Do	any creditors	s have nonpriority unsec	ured claims ag	ainst you?				
	No. You have	nothing to report in this pa	art. Submit this fo	orm to the court	with your other schedules.			
	Yes.							
uns	secured claim, n one creditor	, list the creditor separately	for each claim.	For each claim li	of the creditor who holds each identify what type of clair you have more than three non	m it is. Do not list claims	already ind	cluded in Part 1. If more
ı aı	12.							Total claim
4.1	Advance	America		Last 4 digits of	account number			\$1,200.00
	3296 S. H	•		When was the o	debt incurred?			_
		et City State Zip Code		As of the date v	ou file, the claim is: Check a	all that apply		
		ed the debt? Check one.		•				
	Debtor 1	only		☐ Contingent				
	Debtor 2	only!		☐ Unliquidated				
	Debtor 1	and Debtor 2 only		☐ Disputed				
	☐ At least of	one of the debtors and and	other	Type of NONPR	RIORITY unsecured claim:			
		f this claim is for a comm	nunity	Student loans				
	debt Is the claim	subject to offset?		Obligations a report as priority	arising out of a separation agre	ement or divorce that ye	ou did not	
	■ No			Debts to pen	sion or profit-sharing plans, ar	nd other similar debts		
	☐ Yes			Other Specif	_{fv} loan			

Debto	mr 2 Michelle A. Elliott	Case number (if known)	
4.2	ARS	Last 4 digits of account number 6092	\$66.00
	Nonpriority Creditor's Name 1643 NW 136TH AVE	When was the debt incurred?	
	Fort Lauderdale, FL 33323		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.3	ARS	Last 4 digits of account number 6024	\$243.00
	Nonpriority Creditor's Name 1643 N HARRISON PARKWAY	When was the debt incurred?	
	Sunrise, FL 33323 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.4	ARS	Last 4 digits of account number 6339	\$726.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 630806 Cincinnati, OH 45263	when was the dept incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	

■ No

☐ Yes

■ Other. Specify Medical

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Debtor Debtor	Delano A. Elliott Michelle A. Elliott	Case number (if known)	
4.5	ARS	Last 4 digits of account number 8083	\$587.00
	Nonpriority Creditor's Name PO Box 469100	When was the debt incurred?	
	Escondido, CA 92046 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the damins. Officer all that apply	
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.6	AT&T	Last 4 digits of account number	\$876.00
	Nonpriority Creditor's Name PO Box 6416 Carol Stream, IL 60197	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Поло	
	Debtor 2 only	☐ Contingent	
	Debtor 1 and Debtor 2 only	☐ Unliquidated	
		Li Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Phone	
4.7	Check N Go	Last 4 digits of account number	\$1,200.00
	Nonpriority Creditor's Name 2918 E Main St	When was the debt incurred?	
	Columbus, OH 43209 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only		
	Debtor 2 only	Contingent	
	•	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset? ■ No	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	- INU	= 2000 to policion of profit offaring platfo, and other offinial debte	

☐ Yes

■ Other. Specify loan

Debtor Debtor	Delano A. Elliott Michelle A. Elliott	Case number (if known)	
4.8	Checksmart	Last 4 digits of account number	\$850.00
	Nonpriority Creditor's Name 1255 Parsons Ave. Columbus, OH 43206	When was the debt incurred?	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Ioan	
4.9	Choice Recovery Nonpriority Creditor's Name	Last 4 digits of account number 5971	\$100.00
	1105 SCHROCK ROAD Columbus, OH 43229	When was the debt incurred?	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical	
4.1	Choice Recovery	Last 4 digits of account number 6008	\$44.00
	Nonpriority Creditor's Name 1550 Old Henderson Rd., #100 Columbus, OH 43220	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	Yes	Other. Specify Medical	

Debto Debto	or 1 Delano A. Elliott or 2 Michelle A. Elliott	Case number (if known)	
4.1 1	Columbus Metro Library	Last 4 digits of account number	\$53.00
	Nonpriority Creditor's Name 119 E. Maple St. Jeffersonville, IN 47130	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collections	
4.1	Credit Collections	Last 4 digits of account number 5955	\$422.00
	Nonpriority Creditor's Name PO BOX 607 Norwood, MA 02062	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Progressive	
4.1	Dublin Methodist		\$349.00
3	Nonpriority Creditor's Name	Last 4 digits of account number	\$349.00
	Attn: Billing 7500 Hospital Dr	When was the debt incurred?	
	Dublin, OH 43016 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify Medical	
	_ 100	- Other. Specify	

Debtor Debtor	1 Delano A. Elliott 2 Michelle A. Elliott	Case number (if known)	
4.1 4	ERC	Last 4 digits of account number 2621	\$907.00
	Nonpriority Creditor's Name PO BOX 57547	When was the debt incurred?	
	Jacksonville, FL 32241 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify ATT DirectTV	
4.1 5	Franklin County Common Pleas Nonpriority Creditor's Name	Last 4 digits of account number 7147	\$0.00
	Clerk's office 345 S High St	When was the debt incurred?	
	Columbus, OH 43215	_	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only		
	Debtor 2 only	Contingent	
	•	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice of Bankruptcy	
4.1	Franklin County Municipal Court	Last 4 digits of account number 2778	\$0.00
	Nonpriority Creditor's Name 375 S. High St., 3rd Fl.	When was the debt incurred?	
	Columbus, OH 43215 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The state year me, and chammer chook all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice of Bankruptcy	

Debtor :	Delano A. Elliott Michelle A. Elliott	Case number (if known)	
4.1	Grant Medical Center	Last 4 digits of account number	\$404.00
	Nonpriority Creditor's Name PO Box 183221	When was the debt incurred?	
	Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.1	Meade & Associates Nonpriority Creditor's Name	Last 4 digits of account number 4359	\$61.00
	737 Enterprise Dr. Lewis Center, OH 43035	When was the debt incurred?	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.1 9	Mid-Ohio Emergency Services	Last 4 digits of account number	\$160.00
	Nonpriority Creditor's Name PO Box 635095 Cincinnati, OH 45263	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	

Debto Debto	or 1 Delano A. Elliott Michelle A. Elliott	Case number (if known)	
4.2	Mid-Ohio Emergency Services	Last 4 digits of account number	\$195.00
	Nonpriority Creditor's Name PO Box 1123	When was the debt incurred?	
	Minneapolis, MN 55440 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical	
4.2	OhioHealth	Last 4 digits of account number	\$1,000.00
	Nonpriority Creditor's Name PO Box 183221	When was the debt incurred?	
	Columbus, OH 43218-3221 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.2	Pathology Assoc. of Columbus Nonpriority Creditor's Name	Last 4 digits of account number	\$37.00
	5620 Southwyck Blvd. Toledo, OH 43614	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical	

2 Michelle A. Elliott	Case number (if known)	
Radiology Incorporated	Last 4 digits of account number	\$99.0
Nonpriority Creditor's Name		
PO Box 371863	When was the debt incurred?	
Pittsburgh, PA 15250 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical	
Compleme	Last 4 digits of account number 4332	¢2.004.04
Sequium Nonpriority Creditor's Name	Last 4 digits of account number 4332	\$3,964.0
1130 NORTHCHASE PKWY	When was the debt incurred?	
Marietta, GA 30067		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	_	
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify ATT Uverse	
STPC/CBNA	Last 4 digits of account number	\$853.0
Nonpriority Creditor's Name PO BOX 769006	When was the debt incurred?	
San Antonio, TX 78245	When was the debt incurred:	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	lacktriangle Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Collections	

Debt Debt	or 1 Delano A. Elliott or 2 Michelle A. Elliott	Case number (if known)	
4.2 6	Thomas Taneff	Last 4 digits of account number 2778	\$6,519.00
	Nonpriority Creditor's Name 250 CIVIC CENTER DR STE 210 Columbus, OH 43215	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify judgment	
4.2 7	US Bank NA	Last 4 digits of account number	\$500.00
	Nonpriority Creditor's Name 4801 Frederica St.	When was the debt incurred?	
	Owensboro, KY 42301		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Loan	
4.2 8	Wow Internet	Last 4 digits of account number	\$414.00
	Nonpriority Creditor's Name PO Box 118288	When was the debt incurred?	
	Carrollton, TX 75011 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Cable	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Delano A. Elliott Debtor 2 Michelle A. Elliott	Case number (if known)						
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?						
Carrie Davis	Line 4.15 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
3962 RED BANK RD Cincinnati, OH 45227		■ Part 2: Creditors with Nonpriority Unsecured Claims					
Circiniau, Ori 43227	Last 4 digits of account number	7147					
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?					
Dublin Methodist	Line 4.13 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
PO Box 183221 Columbus, OH 43218		■ Part 2: Creditors with Nonpriority Unsecured Claims					
Columbus, Off 43210	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?						
Grant Medical Center	Line 4.17 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims					
PO Box 182140 Columbus, OH 43218		Part 2: Creditors with Nonpriority Unsecured Claims					
	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?					
Radiology	Line 4.23 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims					
1550 Old Henderson Rd, Suite 100-S Columbus, OH 43220		■ Part 2: Creditors with Nonpriority Unsecured Claims					
Columbus, Off 43220	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?					
RBC	Line 4.26 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims					
PO Box 1548 Mansfield, OH 44901		■ Part 2: Creditors with Nonpriority Unsecured Claims					
mananela, Ott 44301	Last 4 digits of account number	1161					

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	0-	Demostic comment ablications	0-		Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
				Ť —	0.00
	0-	Total Primites Addition of the Local	0-		
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that			0.00
	Ü	you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount	6i.	\$	21,829.00
		here.		Ψ	
	6i.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	24 020 00
	Oj.	Total Nonpriority. Add lines of unough of.	oj.	φ	21,829.00

Fill in this inform					
Debtor 1	Delano A. Elliott				
	First Name	Middle Name	Last Name		
Debtor 2	Michelle A. Elliott				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number					☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

F	Person or	company with Name, Number	whom you have th r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.3	<u> </u>		<u> </u>	2 0000	
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.5	- Ay		Ciaio	211 0000	
-	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

Fill in this in	formation to identify your ca	ase:			
Debtor 1	Delano A. Elliott				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	Michelle A. Elliott	Middle Name	Last Name		
United States	Bankruptcy Court for the:	SOUTHERN DISTRIC	CT OF OHIO		
Case number	r				
(if known)					☐ Check if this is an
					amended filing
Official I	Form 106H				
	le H: Your Code	htore			42/45
Scriedu	ile II. Ioui coue	פוטוס			12/15
your name ar	number the entries in the b nd case number (if known). u have any codebtors? (If yo	Answer every question	on.		p of any Additional Pages, write
.					
■ No □ Yes					
□ res					
	n the last 8 years, have you I California, Idaho, Louisiana, N				ty states and territories include
■ Na. O	- t- lin- 0				
_	o to line 3. Did your spouse, former spous	e or legal equivalent l	ive with you at the time?		
□ 103. E	ola your spouse, former spous	ic, or legal equivalent	ive with you at the time:		
in line 2	again as a codebtor only if 6D), Schedule E/F (Official F	that person is a guar	antor or cosigner. Make s	sure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	olumn 1: Your codebtor ne, Number, Street, City, State and ZIP	Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	00
Nar	me			Schedule E/F,	
				☐ Schedule G, lir	
Nur	mber Street			_	
City		State	ZIP Code		
3.2				☐ Schedule D, lir	
Nar	me			Schedule E/F,	
				☐ Schedule G, lir	
Nur	mber Street			_	
City		State	ZIP Code		

Fill	in this information t	o identify your ca	ise:								
Del	btor 1	Delano A. El	liott								
1	btor 2 buse, if filing)	Michelle A. E	Elliott								
Uni	ited States Bankrup	tcy Court for the:	SOUTHERN DISTRIC	CT OF OHIO							
	se number nown)			-			□ A		ed filing ent showin	g postpetition	
0	fficial Form	106I						M / DD/ \		Jilowing date.	
	chedule I:		ome				IVI	ו /טט / וואו	1111		12/15
sup spo atta	plying correct info use. If you are sep ch a separate shee	rmation. If you a	ible. If two married peo are married and not filii r spouse is not filing wi On the top of any additi	ng jointly, and you ith you, do not inc	ır spouse lude infor	is liv mati	ing with on about	you, incl your spe	ude inforrouse. If me	nation about ore space is	your needed,
1.	Fill in your emplinformation.	oyment		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more		Employment status	■ Employed				☐ Employed			
	attach a separate information about employers.		Employment status	☐ Not employed				■ Not employed			
	Include part-time,	seasonal or	Occupation	Driver							
	self-employed wo		Employer's name	Pride Delivery							
	Occupation may i or homemaker, if		Employer's address	3755 Intercha Columbus, Ol							
			How long employed to	here? 14 ye	ars			_			
Pai	rt 2: Give De	tails About Mon	thly Income								
	imate monthly incouse unless you are		ate you file this form. If	you have nothing to	report for	any	line, write	\$0 in the	space. In	clude your noi	n-filing
	ou or your non-filing e space, attach a se		re than one employer, co	ombine the informat	ion for all	empl	oyers for	that perso	on on the li	nes below. If y	you need
							For Deb	otor 1		btor 2 or ng spouse	
2.	List monthly gro deductions). If no	ess wages, salar ot paid monthly, c	ry, and commissions (becalculate what the month)	efore all payroll y wage would be.	2.	\$	3,	986.67	\$	0.00	
3.	Estimate and list	t monthly overti	me pay.		3.	+\$		0.00	+\$	0.00	
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$	3,98	6.67	\$	0.00	

Debtor 1 Delano A. Elliott
Michelle A. Elliott

Case number (if known)

				ı	For Debtor 1			or Debtor on-filing s		
	Copy	/ line 4 here	4.	3	\$3,986	6.67	\$		0.00	_
5.	List a	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	9	\$ 59 5	5.83	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.	5	\$	0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	9	\$ (0.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d.	9	\$	0.00	\$		0.00	_
	5e.	Insurance	5e.	9	\$ 478	3.31	\$		0.00	_
	5f.	Domestic support obligations	5f.	5	\$ (0.00	\$		0.00	_
	5g.	Union dues	5g.	5	\$ (0.00	\$		0.00	_
	5h.	Other deductions. Specify:	5h	+ 5	\$	0.00	+ \$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,074	1.14	\$		0.00	_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,912	2.53	\$		0.00	
8.	List a 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	Ç	\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b.	9		0.00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and preperty cettlement.	8c.				\$			_
	04	settlement, and property settlement.	8d.		·	0.00	\$		0.00	_
	8d. 8e.	Unemployment compensation Social Security	8e.		: ——— -	0.00	\$		0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Assistance				0.00	\$		420.00	_
	8g.	Pension or retirement income	 8g.	5	\$	0.00	\$		0.00	_
	8h.	Other monthly income. Specify:	8h	+ 5	\$	0.00	+ \$		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$		420.0	0
10	Colo	ulate menthly income. Add line 7 Lline 0	10 6		2 042 52	+ \$		420.00		2 220 50
IU.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	' —	2,912.53	+ \$		420.00	= \$ _	3,332.53
11.	State Include other	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not	deper		•			Schedule	J. →\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaes							\$	3,332.53
									Combi	
13.	Do y	ou expect an increase or decrease within the year after you file this form No.	?						monthl	ly income
	_	Yes. Explain: Husband earns \$23/hr								
	ш	· · · · · · · · · · · · · · · · · · ·								

Fill	in this informa	ation to identify yo	our case:					
Deb	tor 1	Delano A. El	liott			Che	eck if this is:	
	otor 2 ouse, if filing)	Michelle A. E	Elliott				An amended filing A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unit	ed States Bank	ruptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO			MM / DD / YYYY	
	e number	.,.,			·			
	nown)							
Of	fficial Fo	rm 106J						
So	chedule	J: Your	Exper	nses				12/15
info	ormation. If m	and accurate as nore space is ne n). Answer ever	eded, atta	. If two married people a ch another sheet to this n.	re filing together, b form. On the top o	oth are equ f any addit	ually responsible fo ional pages, write y	or supplying correct your name and case
Par 1.	t 1: Desci	ribe Your House	hold					
١.	□ No. Go to							
		es Debtor 2 live	in a separ	ate household?				
	■ N							
	_		st file Offici	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of Del	btor 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	<u>-</u>	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Child		13	Yes
								□ No □ Yes
								□ res
								☐ Yes
							<u> </u>	□ No
_	_							☐ Yes
3.	expenses of	penses include of people other t d your depende	nan $_{\square}$	No Yes				
Par		nate Your Ongoi		· ·				
exp		a date after the l		uptcy filing date unless y is filed. If this is a sup				apter 13 case to report of the form and fill in the
				government assistance				
	value of suc ficial Form 10		d have inc	cluded it on Schedule I:	Your Income		Your exp	enses
4.		or home owners		ses for your residence. or lot.	Include first mortgag	e 4.	\$	800.00
	If not include	ded in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		erty, homeowner's	s, or renter	's insurance		4b.		0.00
		-		upkeep expenses		4c.	·	125.00
_		owner's associat				4d.	·	0.00
5.	Additional i	mortgage payme	ents for yo	our residence, such as he	ome equity loans	5.	\$	0.00

Debtor 1 Debtor 2			Case num	her (if known)	
JGD(U) Z	wiichelle A	A. EIIIUU	Case num	ber (if known)	
6. Uti l	ities:				
6a.	Electricity, h	eat, natural gas	6a.	\$	320.00
6b.	,	er, garbage collection	6b.	*	110.00
6c.	•	cell phone, Internet, satellite, and cable services	6c.	\$	250.00
6d.	Other. Spec	•	6d.	\$	0.00
		eeping supplies	7.	\$	838.00
_		ildren's education costs	8.	\$	0.00
	•	, and dry cleaning	9.	\$	135.00
	•	oducts and services	10.	\$	135.00
	dical and dent	•	11.	\$	150.00
	nsportation. In not include car	nclude gas, maintenance, bus or train fare. payments.	12.	\$	380.00
3. En t	ertainment, cl	ubs, recreation, newspapers, magazines, and books	13.	\$	0.00
4. Cha	aritable contri	outions and religious donations	14.	\$	0.00
	urance.				
		urance deducted from your pay or included in lines 4 or 20.	4.5	•	
	Life insuran		15a.	·	0.00
	Health insur		15b.	· ———	0.00
	. Vehicle insu		15c.	*	100.00
	I. Other insura		15d.	\$	0.00
	tes. Do not incl ecify:	ude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
	tallment or lea				
	Car paymer		17a.	·	0.00
		ts for Vehicle 2	17b.	·	0.00
	. Other. Spec	•	17c.	*	0.00
	I. Other. Spec	•	17d.	\$	0.00
		f alimony, maintenance, and support that you did not report		\$	0.00
		our pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106 you make to support others who do not live with you.	i). 10.	\$	0.00
	ecify:	you make to support others who do not live with you.	19.	Ψ	0.00
	,	ty expenses not included in lines 4 or 5 of this form or on So		our Income	
		on other property	20a.		0.00
	. Real estate		20b.		0.00
		omeowner's, or renter's insurance	20c.	· -	0.00
		e, repair, and upkeep expenses	20d.	·	0.00
		's association or condominium dues	20e.		0.00
. Oth	er: Specify:	Pets	21.	· .	60.00
	ircuts, nails,			+\$	50.00
Cal	culate vour m	onthly expenses			
	a. Add lines 4 th	•		\$	3,453.00
		(monthly expenses for Debtor 2), if any, from Official Form 106J-	2	\$	5,755.50
		and 22b. The result is your monthly expenses.	_	\$	3,453.00
				Ψ	3,433.00
	•	onthly net income.			
		2 (your combined monthly income) from Schedule I.	23a.		3,332.53
23b	. Copy your n	nonthly expenses from line 22c above.	23b.	-\$	3,453.00
230		ur monthly expenses from your monthly income. s your <i>monthly net income</i> .	23c.	\$	-120.47
For mod	example, do you lification to the te	expect to finish paying for your car loan within the year or do you expect yours of your mortgage?			se or decrease because of a
	Yes. I	Explain here:			

Fill in this inform	ation to identify your o	case:							
Debtor 1	Delano A. Elliott								
	First Name	Middle Name	Last	Name					
Debtor 2	Michelle A. Elliott								
(Spouse if, filing)	First Name	Middle Name	Last	Name					
United States Ban	kruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO						
Case number									
(if known)								Check if this is an amended filing	
If two married peo	on About a	n Individual , both are equally respo e bankruptcy schedules	onsible for su	ıpplyin d sche	g correct info	rmation. a false stat			
•	U.S.C. §§ 152, 1341, 19	519, and 3571.							
Did you pay	or agree to pay some	one who is NOT an attor	rney to help	you fill	out bankrupt	cy forms?			
■ No									
☐ Yes. Na	ame of person							tition Preparer's Notice ature (Official Form 11	
	y of perjury, I declare t	that I have read the sum	nmary and so	hedule	es filed with th	nis declarati	on and		
X /s/ Delai	no A. Elliott		Х	/s/ Mid	chelle A. Elli	ott			
	A. Elliott				elle A. Elliott				
Signature	e of Debtor 1			Signat	ure of Debtor 2	!			
Date O	ctober 28, 2021			Date	October 28	, 2021			

	l in this infor	nation to identify you	r 00001			
	btor 1	nation to identify you				
De	וטוטו ו	Delano A. Elliott	Middle Name	Last Name		
	btor 2	Michelle A. Ellio				
(Spo	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT C	OF OHIO		
	se number _ nown)				_	heck if this is an mended filing
St Be a	as complete a	of Financial	attach a separate sheet to	are filing together, both are	ankruptcy equally responsible for suppy additional pages, write you	
		,	nrital Status and Where You	Lived Before		
1.	What is you	r current marital statu	ıs?			
	■ Married □ Not ma					
2.	During the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	st all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>i</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat					ity property state or territory ico, Texas, Washington and W	
	■ No □ Yes. Ma	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	fficial Form 106H).		
Pa	rt 2 Expla	in the Sources of You	r Income			
4.	Fill in the total	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		dar years?
	□ No ■ Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$35,609.57	■ Wages, commissions, bonuses, tips	\$0.00
			☐ Operating a business		☐ Operating a business	

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		Case	e number (if known)	
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2020)	■ Wages, commissions, bonuses, tips			\$39,000.00
	☐ Operating a business		☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2019)	■ Wages, commissions, bonuses, tips	\$45,000.00	■ Wages, commissions, bonuses, tips	\$55,000.00
	☐ Operating a business		☐ Operating a business	
П No		,	nat you listed in line 4.	
☐ No☐ Yes. Fill in the details.	Dahtar 1	,	,	
<u> </u>	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
<u> </u>	Sources of income Describe below.	Gross income from each source	Debtor 2 Sources of income	(before deductions

■ No. Go to line 7.

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

Creditor's Name and Address Dates of payment Amount you Was this payment for ... **Total amount** still owe paid

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

Debtor 2	Michelle A. Elliott		Cas	se number (if known)		
<i>Insi</i> of w a bu	hin 1 year before you filed for bankrupteders include your relatives; any general pathich you are an officer, director, person in usiness you operate as a sole proprietor. 1 nony.	artners; relatives of any gen control, or owner of 20% o	eral partners; partner r more of their voting	erships of which yog g securities; and a	ou are a genera ny managing a	al partner; corporations gent, including one fo
	No Yes. List all payments to an insider.					
	sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
insi	hin 1 year before you filed for bankruptoder? ude payments on debts guaranteed or cos				ccount of a de	ebt that benefited an
	No Yes. List all payments to an insider					
	sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Part 4:	Identify Legal Actions, Repossession	ns and Foreclosures				
_ ■	difications, and contract disputes. No Yes. Fill in the details.			., ,		ŕ
	se title se number	Nature of the case	Court or agency		Status of th	e case
	omas Taneff v. Michelle A. Elliott 21 CVF 002778	Breach of Contract	Franklin County Municipal Court 375 S. High St., 3rd Fl. Columbus, OH 43215		■ Pending □ On appeal □ Concluded	
Mi	S Bank NA v. Delano A. Elliott & chelle A. Elliott CV 007147	Foreclosure	Franklin Count Pleas Clerk's office 345 S High St Columbus, OH		☐ Pending ☐ On appe ☐ Conclude	
	hin 1 year before you filed for bankrupteck all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garni	shed, attached	I, seized, or levied?
Cre	editor Name and Address	Describe the Property Explain what happened	ı	Date		Value of the property
	hin 90 days before you filed for bankrup ounts or refuse to make a payment bec No Yes. Fill in the details.		luding a bank or fii	nancial institution	n, set off any a	mounts from your
Cre	editor Name and Address	Describe the action the	creditor took	Date take	action was า	Amount
	hin 1 year before you filed for bankrupt irt-appointed receiver, a custodian, or a No Yes		erty in the possess	ion of an assigne	ee for the bene	fit of creditors, a

Debtor 1 Delano A. Elliott

	btor 1 Delano A. Elliott btor 2 Michelle A. Elliott		Case number	(if known)	
Par	rt 5: List Certain Gifts and Contribution	ıs			
13.	Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift.	uptcy, d	did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$60 per person	00	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	No		did you give any gifts or contributions with a tot	al value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or c				
	Gifts or contributions to charities that t more than \$600 Charities Name		Describe what you contributed	Dates you contributed	Value
	Address (Number, Street, City, State and ZIP Code	e)			
Par	rt 6: List Certain Losses				
15.	Within 1 year before you filed for bankru or gambling?	ptcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,
	☐ Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the loss the amount that insurance has paid. List pending	Date of your loss	Value of property lost
		insurar	nce claims on line 33 of Schedule A/B: Property.		
Par	rt 7: List Certain Payments or Transfers	8			
16.	consulted about seeking bankruptcy or	preparii	id you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require	, ,	rty to anyone you
	□ No				
	Yes. Fill in the details.				
			Description and value of any property.	Data way was and	Amazunt af
	Person Who Was Paid Address Email or website address Person Who Made the Payment if Not Y	7 011	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Person Who Made the Payment, if Not You Lucas M. Ruffing, Attorney at Law 82 N. Franklin St. Delaware, OH 43015 LucasRuffingLaw.com		Attorney Fee: \$975	2021	\$975.00
	Pioneer Credit Counseling 1644 Concourse Drive Rapid City, SD 57703		Credit Counseling	2021	\$20.00
17.	Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that	ditors o		or transfer any prope	rty to anyone who
	■ No				
	☐ Yes. Fill in the details.				
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Debtor 1	Delano A. Elliott
Debtor 2	Michelle A. Elliott

Case number (if known)

18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread No Yes. Fill in the details.	usiness or financial af ade as security (such as	fairs? the granting of a s				
	Person Who Received Transfer Address Person's relationship to you	Description and property transfe		payme	be any property or ents received or debts n exchange	Date transfer was made	
19.							
	Name of trust	Description and	value of the prop	erty trans	ferred	Date Transfer was made	
Par	t 8: List of Certain Financial Accounts, Ins	struments, Safe Depos	sit Boxes, and Sto	rage Units	S		
20.	0. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.						
	■ No □ Yes. Fill in the details.	siadons, and other mic		·•			
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accou instrument	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 y cash, or other valuables?	year before you filed fo	or bankruptcy, an	y safe dep	osit box or other deposi	ory for securities,	
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe t	the contents	Do you still have it?	
22.	Have you stored property in a storage unit of	or place other than you	ur home within 1 y	year befor	e you filed for bankruptc	y?	
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe t	the contents	Do you still have it?	
Par	t 9: Identify Property You Hold or Control	for Someone Else					
23.	Do you hold or control any property that so for someone.	meone else owns? Inc	lude any property	y you borr	owed from, are storing fo	or, or hold in trust	
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe t	the property	Value	
Par	t 10: Give Details About Environmental Info	,					
For	the purpose of Part 10, the following definition	ons apply:					

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Delano A. Elliott
Debtor 2 Michelle A. Elliott

Case number (if known)

	toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.							
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
		<i>ardous material</i> means anything an env ardous material, pollutant, contaminant	vironmental law defines as a hazardous t, or similar term.	waste, hazardous substance, toxic	substance,			
Rep	ort a	II notices, releases, and proceedings th	nat you know about, regardless of when	they occurred.				
24.	Has	any governmental unit notified you that	at you may be liable or potentially liable (under or in violation of an environm	ental law?			
		No						
		Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25. Have you notified any governmental unit of any release of hazardous material?								
		No Yes. Fill in the details.						
	□ Na	me of site	Governmental unit	Environmental law, if you	Date of notice			
		dress (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)	know it				
26. Have you been a party in any judicial or administrative proceeding under any environmental law? Incl					and orders.			
		No						
		Yes. Fill in the details.						
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Pai	t 11:	Give Details About Your Business or	Connections to Any Business					
27.	Wit	nin 4 years before you filed for bankrup	ntcy, did you own a business or have any	of the following connections to an	y business?			
		☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
		☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
	□ A partner in a partnership							
		☐ An officer, director, or managing ex	xecutive of a corporation					
		☐ An owner of at least 5% of the votin	ng or equity securities of a corporation					
		No. None of the above applies. Go to	Part 12.					
		Yes. Check all that apply above and file	II in the details below for each business.					
		siness Name	Describe the nature of the business	Employer Identification number				
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security Dates business existed	number or ITIN.			
28.		nin 2 years before you filed for bankrup itutions, creditors, or other parties.	etcy, did you give a financial statement to		ude all financial			
	_	No						
		Yes. Fill in the details below.						
	Ad	me dress mber, Street, City, State and ZIP Code)	Date Issued					
	(IAC	moor, otreet, only, state and Air Gode)						

Part 12: Sign Below

I have read the answers on this *Statement* of *Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Debtor 2	Delano A. Elliott Michelle A. Elliott	Case number (if known)			
with a ba	and correct. I understand that making a false s nkruptcy case can result in fines up to \$250,0 §§ 152, 1341, 1519, and 3571.		concealing property, or obtaining money or property by fraud in connection or sonment for up to 20 years, or both.		
/s/ Dela	no A. Elliott	/s/ Mi	chelle A. Elliott		
Delano	A. Elliott	Michelle A. Elliott			
Signatu	e of Debtor 1	Signature of Debtor 2			
Date (October 28, 2021	Date	October 28, 2021		
_ ′	attach additional pages to Your Statement of I	inancial i	Affairs for Individuals Filing for Bankruptcy (Official Form 107)?		
■ No					
☐ Yes					
Did you	pay or agree to pay someone who is not an att	orney to I	nelp you fill out bankruptcy forms?		
■ No		-			

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

United States Bankruptcy Court Southern District of Ohio

In re	Delano A. Elliott		Case No.	
III IC	Michelle A. Elliott	Debtor(s)	Chapter	7
			•	
	DISCLOSURE OF COMPEN	SATION OF ATTO	RNEY FOR DE	EBTOR(S)
C	ursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b) ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	975.00
	Prior to the filing of this statement I have received		\$	975.00
	Balance Due		\$	0.00
2. T	he source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3. T	he source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4. I	I have not agreed to share the above-disclosed compete	nsation with any other persor	unless they are mem	bers and associates of my law firm.
[I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the name			
5. I	n return for the above-disclosed fee, I have agreed to ren	der legal service for all aspec	ets of the bankruptcy c	ease, including:
b c	Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, stater Representation of the debtor at the meeting of creditor [Other provisions as needed] Negotiations with secured creditors to re reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hour	ment of affairs and plan which is and confirmation hearing, a duce to market value; ex is as needed; preparation	h may be required; and any adjourned hea cemption planning;	rings thereof; preparation and filing of
6. B	y agreement with the debtor(s), the above-disclosed fee a Representation of the debtors in any disc any other adversary proceeding.			es, relief from stay actions or
		CERTIFICATION		
	certify that the foregoing is a complete statement of any nkruptcy proceeding.	agreement or arrangement fo	r payment to me for r	epresentation of the debtor(s) in
Oc	tober 28, 2021	/s/ Lucas M. Ruf		
Da	te	Lucas M. Ruffing	9	
		Signature of Attorn		
		Signature of Attorn Lucas Ruffing La 82 N. Franklin St	aw t.	
		Signature of Attorn Lucas Ruffing La 82 N. Franklin St Delaware, OH 43	aw :. :015	
		Signature of Attorn Lucas Ruffing La 82 N. Franklin St	aw i. i015 ax: 740-369-7810	

Fill in this info	rmation to identify your case:			Che	eck on	e box only as d	irected i	n this form and	in Form
Debtor 1	Delano A. Elliott			122	2A-1Su	pp:			
Debtor 2 (Spouse, if filing)	Michelle A. Elliott			_	■ 1. TI	nere is no pres	umption	of abuse	
	Bankruptcy Court for the: Southern District o	f Ohio		_ [а		nade un	nine if a presum der <i>Chapter 7 N</i> m 122A-2).	
Case number (if known)				_ _				ot apply now be but it could ap	
					□ Che	eck if this is a	n amer	nded filing	
Official F	Form 122A - 1								
Chapter	7 Statement of Your Cur	rent	: Mor	nthly Inc	ome	9			04/20
attach a separat case number (if qualifying milita	and accurate as possible. If two married people a se sheet to this form. Include the line number to w known). If you believe that you are exempted from any service, complete and file Statement of Exemp alculate Your Current Monthly Income	hich the	e addition sumption	nal information a of abuse because	pplies. se you	On the top of a do not have pring	ny additi narily co	onal pages, write nsumer debts or	your name and because of
1. What is	your marital and filing status? Check one on	ly.							
☐ Not m	narried. Fill out Column A, lines 2-11.								
■ Marri	ed and your spouse is filing with you. Fill ou	t both (Columns	A and B, lines	2-11.				
☐ Marri	ed and your spouse is NOT filing with you. `	∕ou an	d your s	spouse are:					
□ Liv	ing in the same household and are not lega	lly sep	arated.	Fill out both Col	umns .	A and B, lines 2	2-11.		
pe	ing separately or are legally separated. Fill on nalty of perjury that you and your spouse are least ng apart for reasons that do not include evadin	egally s	eparated	d under nonban	kruptcy	law that applic	es or tha		
101(10A). Fo the 6 months	erage monthly income that you received from all s r example, if you are filing on September 15, the 6-me, , add the income for all 6 months and divide the total the same rental property, put the income from that pi	onth per by 6. Fil	iod would I in the re	be March 1 throusult. Do not include	ıgh Aug le any ir	ust 31. If the amo	ount of you	our monthly income once. For example	e varied during e, if both
					Colum			on B or 2 or iling spouse	
	oss wages, salary, tips, bonuses, overtime, a eductions).	and co	mmissio	ons (before all	\$	3,616.28	\$	420.00	
3. Alimony	and maintenance payments. Do not include B is filled in.	payme	nts from	a spouse if	\$	0.00	\$	0.00	
of you of from an u and room	Ints from any source which are regularly par r your dependents, including child support. Inmarried partner, members of your household Inmates. Include regular contributions from a sp Do not include payments you listed on line 3.	Include , your c	e regular depende	contributions nts, parents,	\$	0.00	\$	0.00	
i	me from operating a business, profession,	or farm	1		-		-		
				otor 1					
Gross re	ceipts (before all deductions)	\$	0.00						
1	and necessary operating expenses	-\$_	0.00	0	Φ.	0.00	Φ.	0.00	
	thly income from a business, profession, or farr	n\$	0.00	Copy here ->	\$	0.00	\$	0.00	
6. Net inco	me from rental and other real property		Del	stor 1					
0	oninto (hafara all dadust' \	\$	0.00	otor 1					
	ceipts (before all deductions)	-\$	0.00						
1	and necessary operating expenses thly income from rental or other real property	-Ψ \$		Copy here ->	\$	0.00	\$	0.00	
	,	~							

Official Form 122A-1

0.00

7. Interest, dividends, and royalties

0.00

			Column A Debtor 1		Column B Debtor 2 c non-filing		
8.	Unemployment compensation		\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amoun the Social Security Act. Instead, list it here:	t received was a benefit und	er				
	For you\$	0.00					
	For your spouse \$	0.00					
	Pension or retirement income. Do not include any and benefit under the Social Security Act. Also, except as a not include any compensation, pension, pay, annuity, or United States Government in connection with a disability disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapter 10 other	tated in the next sentence, durallowance paid by the ty, combat-related injury or les. If you received any retire pay only to the extent that it usually otherwise be entitled ter 61 of that title.	ed \$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Sp Do not include any benefits received under the Social Sunder the Federal law relating to the national emergence under the National Emergencies Act (50 U.S.C. 1601 ecoronavirus disease 2019 (COVID-19); payments receiverime, a crime against humanity, or international or don compensation pension, pay, annuity, or allowance paid Government in connection with a disability, combat-related of a member of the uniformed services. If necess separate page and put the total below	Security Act; payments made by declared by the President it seq.) with respect to the ved as a victim of a war nestic terrorism; or d by the United States ated injury or disability, or)				
	·		\$	0.00	\$	0.00	
			\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+ \$	0.00	\$	0.00	
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column	tal for Column B.	3,616.28	+ \$ _	420.00	Total current month income	_
	Calculate your current monthly income for the year						
	12a. Copy your total current monthly income from line		Сор	y line 11 ł	nere=>	\$\$,036.28	3
	Multiply by 12 (the number of months in a year)					x 12	
	12b. The result is your annual income for this part of th	e form			121	40.40=.00	5
13.	Calculate the median family income that applies to	you. Follow these steps:					
	Fill in the state in which you live.	ОН					
	Fill in the number of people in your household.						
	Fill in the number of people in your nousehold.	3					
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	of household. online using the link specifie	d in the separ	ate instruc	13. tions	\$79,022.00)
14.	Fill in the median family income for your state and size To find a list of applicable median income amounts, go	of household. online using the link specifie	d in the separ	ate instruc		\$79,022.00)
14.	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank How do the lines compare? 14a. Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official 14b. Line 12b is more than line 13. On the top of	of household. online using the link specifie ruptcy clerk's office. n the top of page 1, check be Form 122A-2.	ox 1, <i>There i</i> s	no presum	tions ption of abus	se.)
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank How do the lines compare? 14a. Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of household. online using the link specifie ruptcy clerk's office. n the top of page 1, check be Form 122A-2.	ox 1, <i>There i</i> s	no presum	tions ption of abus	se.) _
14.	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank How do the lines compare? 14a. Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2. 3: Sign Below	of household. online using the link specifie ruptcy clerk's office. n the top of page 1, check be Form 122A-2. of page 1, check box 2, <i>The p</i>	ox 1, There is	no presum f abuse is	tions ption of abus determined b	se. by Form 122A-2.	<u>D</u>
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank How do the lines compare? 14a. Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of household. online using the link specifie ruptcy clerk's office. n the top of page 1, check be Form 122A-2. of page 1, check box 2, <i>The p</i>	ox 1, There is	no presum f abuse is in any atta	tions ption of abus determined b	se. by Form 122A-2.	<u>D</u>

Debtor 1 Debtor 2	Michelle A. Elliott		Case number (if known)	
	Delano A. Elliott Signature of Debtor 1		Michelle A. Elliott Signature of Debtor 2	
Da	te October 28, 2021 MM / DD / YYYY	Date	October 28, 2021 MM / DD / YYYY	
	If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this	form.		

Debtor 1	Delano A. Elliott	
Debtor 2	Michelle A. Elliott	Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **04/01/2021** to **09/30/2021**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Job - Pride Delivey

Year-to-Date Income:

Starting Year-to-Date Income: \$\frac{\$10,491.35}{\$32,189.00}\$ from check dated \$\frac{3/31/2021}{\$9/30/2021}\$.

Income for six-month period (Ending-Starting): \$21,697.65 .

Average Monthly Income: \$3,616.28.

	lichelle A. Elliott	Case number (if known)	
Debtor 1	elano A. Elliott		

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **04/01/2021** to **09/30/2021**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Food Assistance** Constant income of **\$420.00** per month.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Advance America 3296 S. High St. Columbus, OH 43207

ARS
1643 NW 136TH AVE
Fort Lauderdale, FL 33323

ARS 1643 N HARRISON PARKWAY Sunrise, FL 33323

ARS
PO Box 630806
Cincinnati, OH 45263

ARS
PO Box 469100
Escondido, CA 92046

AT&T PO Box 6416 Carol Stream, IL 60197

Carrie Davis 3962 RED BANK RD Cincinnati, OH 45227

Carrie Davis 3962 RED BANK RD Cincinnati, OH 45227

Check N Go 2918 E Main St Columbus, OH 43209

Checksmart 1255 Parsons Ave. Columbus, OH 43206

Choice Recovery 1105 SCHROCK ROAD Columbus, OH 43229

Choice Recovery 1550 Old Henderson Rd., #100 Columbus, OH 43220

Columbus Metro Library 119 E. Maple St. Jeffersonville, IN 47130

Credit Collections PO BOX 607 Norwood, MA 02062 Dublin Methodist Attn: Billing 7500 Hospital Dr Dublin, OH 43016

Dublin Methodist PO Box 183221 Columbus, OH 43218

ERC PO BOX 57547 Jacksonville, FL 32241

Franklin County Common Pleas Clerk's office 345 S High St Columbus, OH 43215

Franklin County Municipal Court 375 S. High St., 3rd Fl. Columbus, OH 43215

Grant Medical Center PO Box 183221 Columbus, OH 43218

Grant Medical Center PO Box 182140 Columbus, OH 43218

Household Realty Corp 961 Weogel Dr Elmhurst, IL 60126

Meade & Associates 737 Enterprise Dr. Lewis Center, OH 43035

Mid-Ohio Emergency Services PO Box 635095 Cincinnati, OH 45263

Mid-Ohio Emergency Services PO Box 1123 Minneapolis, MN 55440

OhioHealth PO Box 183221 Columbus, OH 43218-3221

Pathology Assoc. of Columbus 5620 Southwyck Blvd. Toledo, OH 43614

Radiology 1550 Old Henderson Rd, Suite 100-S Columbus, OH 43220

Radiology Incorporated PO Box 371863 Pittsburgh, PA 15250

RBC PO Box 1548 Mansfield, OH 44901

Sequium 1130 NORTHCHASE PKWY Marietta, GA 30067

SPS 10401 DEERWOOD PARK BLVD Jacksonville, FL 32256

STPC/CBNA PO BOX 769006 San Antonio, TX 78245

Thomas Taneff 250 CIVIC CENTER DR STE 210 Columbus, OH 43215

US Bank NA 4801 Frederica St. Owensboro, KY 42301

US Bank NA 3217 S DECKER LAKE DRIVE Salt Lake City, UT 84119

Wow Internet PO Box 118288 Carrollton, TX 75011